



MISSOURI DEPARTMENT OF REVENUE  
TAXATION DIVISION  
**REQUEST FOR SALES/USE  
TAX CASH BOND REFUND**

FORM  
**472**  
(REV. 10-2007)

DLN

To initiate the refund of the Sales/Use Tax Cash Bond, complete the following information and fax or mail it to: **Missouri Department of Revenue, Taxation Division, P.O. Box 357, Jefferson City, MO 65105-0357, (573) 522-1722.** If you have questions about completing this form, you may call us at (573) 751-5860 or e-mail us at [businessstaxregister@dor.mo.gov](mailto:businessstaxregister@dor.mo.gov)

**THE FOLLOWING BUSINESS HAS POSTED BOND WITH THE MISSOURI DEPARTMENT OF REVENUE**

BUSINESS NAME

BUSINESS ADDRESS

CITY, STATE, ZIP CODE

MISSOURI TAX ID NUMBER

AMOUNT OF BOND FILED

DATE BOND FILED

DOLLARS (\$) )

RETURN OF THE BOND IS REQUESTED FOR THE FOLLOWING REASON: (CHECK APPROPRIATE BOX)

- ☐ CASH BOND HAS BEEN FILED FOR THE REQUIRED PERIOD WITH A SATISFACTORY TAX COMPLIANCE
- ☐ SOLD OR QUIT BUSINESS ON \_\_\_\_\_
- ☐ BUSINESS NEVER OPENED
- ☐ OTHER (EXPLAIN) \_\_\_\_\_

**MAIL BOND REFUND TO**

NAME

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER (DAYTIME)

*I swear or affirm all returns have been filed and paid, there are no outstanding liabilities, and the information reported on this form and any attached supplements is true and correct.*

SIGNATURE OF TAXPAYER

TITLE

DATE

**DEPARTMENT USE ONLY**

CASH BOND

1. \$

2. \$

3. \$

4. **TOTAL AMOUNT REFUNDED** \$

REFUND CHECK NUMBER

CHECK DATE

CHECK AMOUNT